## NOV 19 2003

## RECEIVED

NOV 2 5 2003

## GENERAL POWER OF ATTORNEY BY ASSIGNEE AND EXCLUSION OF INVENTORS UNDER 37 C.F.R. 3.71 TECH CENTER 1600/2900

The undersigned Assignee hereby designates the following as its correspondence address and telephone number:

Stephen D. Scanlon Jones Day North Point 901 Lakeside Avenue Cleveland, Ohio 44114 (216) 586-7023

and appoints the following as its attorneys with full power of substitution and revocation, to prosecute all patent applications for which the undersigned Assignee is or will become an assignee of record, and to transact all business in the Patent and Trademark Office connected therewith:

Kenneth R. Adamo, Registration No. 27,299; Barbara E. Arndt, Registration No. 37,768; Michael R. Asam, Registration No. 51,417; John V. Biernacki, Registration No. 40,511; David B. Cochran, Registration No. 39,142; Lorri W. Cooper, Registration No. 40,038; Regan J. Fay, Registration No. 26,878; F. Drexel Feeling, Registration No. 40,602; Paul E. Franz, Registration No. 45,910; Calvin P. Griffith, Registration No. 34,831; David M. Maiorana, Registration No. 41,449; Timothy J. O'Hearn, Registration No. 31,552; Mitchell Rose, Registration No. 47,906; Joseph M. Sauer, Registration No. 47,919; Stephen D. Scanlon, Registration No. 32,755; Jenny L. Sheaffer, Registration No. 45,099; H. Duane Switzer, Registration No. 22,431; Michael W. Vary, Registration No. 30,811; and James L. Wamsley, III, Registration No. 31,578;

all having the above designated address, provided that, if any appointed attorney ceases to be affiliated with the law firm of Jones Day then the appointment of such attorney and all powers derived therefrom shall terminate on the date such attorney ceases to be so affiliated.

In accordance with 37 C.F.R. 3.71, this appointment is to the exclusion of the inventors and their attorneys.

| [X] | was recorded on February 28, 2001, at Reel 11547, Frames 110-113. |
|-----|---|
| [ ] | is submitted herewith for recording.                              |
| [ ] | will be submitted at a later date.                                |
|     |   |

An assignment of the entire interest in application no. 09/700401:

I hereby certify that this correspondence is being deposited today with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22313-1450

11-17-0

By: Pamel Cy Min

PTO/SB/82 (08-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **REVOCATION OF POWER OF** ATTORNEY and APPOINTMENT OF **NEW POWER OF ATTORNEY**

| Application Number     | 09/700,401          |  |  |  |  |
|------------------------|---------------------|--|--|--|--|
| Filing Date            | 02/26/2001          |  |  |  |  |
| First Named Inventor   | Wilhelm F. Maier    |  |  |  |  |
| Art Unit               | 1639                |  |  |  |  |
| Examiner Name          | Maurie Garcia Baker |  |  |  |  |
| Attorney Docket Number | 975902600041        |  |  |  |  |

| I hereby revoke all previous powers of attorney given in the above-identified application:  |  |       |               |             |           |  |  |  |  |
|---|--|-------|---------------|-------------|-----------|--|--|--|--|
| A Power of Attorney is submitted herewith.  |  |       |               |             |           |  |  |  |  |
| OR  I hereby appoint the pr   |  |       |               | TECH CENTER | 1600/2900 |  |  |  |  |
| Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:                                     |  |       |               |             |           |  |  |  |  |
| Firm or   | Stephen D. Scanlon                             |       |               |             |           |  |  |  |  |
| Individual Name Jones Day   |  |       |               |             |           |  |  |  |  |
| Address   | North Point                                    |       |               |             |           |  |  |  |  |
| City  | 901 Lakeside Ave  Cleveland State OH Zip 44120 |       |               |             |           |  |  |  |  |
| Country   | Cleveland<br>USA                               | Otate | ОН            | ,p          | 44120     |  |  |  |  |
| Telephone   |  | Fax   | (040)570,0040 |             |           |  |  |  |  |
| I am the:   | (216)586-7023                                  |       | (216)579-0212 |             |           |  |  |  |  |
| Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  |  |       |               |             |           |  |  |  |  |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  |  |       |               |             |           |  |  |  |  |
| SIGNATURE of Applicant or Assignee of Record  |  |       |               |             |           |  |  |  |  |
| Name D. Kolhan Sichet Dr. Die Deurity Signature   |  |       |               |             |           |  |  |  |  |
| Date Oct 7th 7003 Telephone   |  |       |               |             |           |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one |  |       |               |             |           |  |  |  |  |
| signature is required, see below*.  *Total of forms are submitted.  |  |       |               |             |           |  |  |  |  |
| Total oftoms  | are submitted.                                 |       |               |             |           |  |  |  |  |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.